

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	8					
10	1					
11	12					
12	2					
13						
14	2					
15	2					
16	2					
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47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	22					
TOTAL CLAIMS	26					

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						